File with: lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, lowa 50319 Fax: 515-281-4073 Reset Form

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FOR INSTRUCTIONS, SEE BACK OF FORM DISCLOSURE SUMMARY PAGE

2008 JUL 21 29

COMMITTEE NAME (Must be same as on Statement	and a second control of the second control o	
ACTION I LET LANDE LINGS DE SENIES ES ON SEGENISTIE	of Organization)	
Harrison Carrell D.	lian Committee	FORM
MARTISON COUNTY Keous IMPORTANT: Indicate by # type of confinite e you are report		DR-2 DISCLOSURE
(1) Statewide/Legislative/Judge Standing for Retention Cand	lidete (2)State PAC (3)State Party	(Rev. 07/2007) REPORT
(4) County Central Committee (5) County Candidate (6) Cit Subdivision Candidate (6) County PAC (9) City PAC (10)	ty Candidate (7) School Board or Other Political	For Office Use Only
11) Local Ballot Issue	Scribbs Social of Colors Colors Colors (Colors Colors Colo	Comm.#9001
CANDIDATE COMMITTEES ONLY:		Logged In
Candidate Name	Political Party (if applicable)	Scanned
		Computer
Office Sought	District (if Senate or House)	Audited
ate reports are subject to possible civil and criminal penal	Hies Pursuant to lowa Code sections 68B 32A(7) a	nd 68A 401(3), the candidate for a
+0,000 a X20,000	712-1111-61788	フーコークタ
IGNATURE OF PERSON FILING REPORT	7/2-646-2788	DATE SIGNED
IGIGATORE STPERSON FRANCE REPORT	IECCP TORE	DATE SIGNED
AM FILING A JULY 8008	REPORT FOR (1) ELECTION ((2))	ON ELECTION YEAR
(report date)	Indicate by #	¬
	indicate by # []	
CHECK IF AMENDMENT TO REPORT DATED	Local	Committees, enter Date of Election
Check if this is final (termination) report and attach h	Notice of Dissolution Form DR-3	
(You must continue to file reports until a DR-3	Lie Blad \	nty & Local Committees, enter County in Telection is held
	<u> </u>	
STATEMENT OF CASH ON	<u> </u>	
STATEMENT OF CASH ON	HAND	
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Reset Form

SCHEDULE

(Day 07/02)

MONETARY

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)		(ACCEPTS
COMMITTEE NAME (Must be same as	on Statement of Organization)	CHECK THIS BOX IF

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME	
	ID#	Cont. of \$3500 or less			T (
1-14-18	CK#	Cont. of \$350 or less Fund Raiser		663.13	IX.	
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			SUB-TOTAL	\$663.13		
		TOTAL (If last page	of this schedule)	\$663,13		

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as carrelidate, but there is no familial relationship, enter "not applicable" in the relationship column.

(for Schedule A)